

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/05/05/

FILING DATE

4-21-93

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5	/						55						
6		/					56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30	/						80						
31	/						81						
32		2					82						
33	/						83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	42						TOTAL CLAIMS						

BEST AVAILABLE COPY